

**SUPPLEMENT TO APPLICATION
FOR DUA SELF-EMPLOYED INDIVIDUALS**

APPLICANT'S NAME (Last, First, Middle)	DISASTER NO.	LOCAL OFFICE NO.	SOC. SECURITY NO.									
BUSINESS NAME AND ADDRESS (No., St., City, County, State & ZIP Code)	TYPE OF SELF-EMPLOYMENT (Check appropriate box(es))											
	ENGAGED IN:											
	<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Business</div><div><input type="checkbox"/> Profession</div><div><input type="checkbox"/> Farming</div></div> <hr/> <div style="display: flex; justify-content: space-around;"><div>AS A:</div><div><input type="checkbox"/> Sole Owner</div><div><input type="checkbox"/> Partner</div></div>											
A. AFFIRMATION OF SELF-EMPLOYMENT												
<p>I, _____ Social Security Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="text-align: center;">(Print Name)</p> <p>hereby personally affirm that I was engaged in SELF-EMPLOYMENT activities in the county of _____</p> <p>as of the date the disaster occurred.</p>												
B. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part)												
<p>1. Describe the nature of your self-employment; indicate how long you have been performing it.</p>												
<p>2. Did this self-employment require you to work full-time in the performance of services? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "NO," explain and indicate average number of hours worked per week.</p>												
<p>3. Were you performing any services in connection with this self-employment at the time of the disaster? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "NO," explain why not.</p> <p>If "YES," identify services being performed.</p>												
<p>4. Did the disaster prevent you from performing all services in connection with your self-employment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "NO," identify services being performed.</p>												
<p>5. Since becoming unemployed, have you been performing or able to perform any services in restoring or improving the value or profit-making capability of your self-employment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES," explain.</p>												
<p>6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "NO," explain.</p>												
<p>7. Do you have any occupation other than this self-employment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">If "YES," complete</td><td style="width: 20%;">OCCUPATION</td><td style="width: 20%;">WEEKLY HOURS</td><td style="width: 15%;">GROSS WAGES (Wkly.) \$</td><td style="width: 30%;">EFFECT (disaster had on this occupation)</td></tr></table>				If "YES," complete	OCCUPATION	WEEKLY HOURS	GROSS WAGES (Wkly.) \$	EFFECT (disaster had on this occupation)				
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C. APPLICANT CERTIFICATION												
<p>I CERTIFY that the information I have given on this form is correct. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Act.</p>												
SIGNATURE OF APPLICANT			DATE (Month, Day, Year)									